

PGY1      *INTERN CARD*      PGY2

\_\_\_\_\_, MD/DO  
has registered with the Louisiana State Board of Medical  
Examiners to serve an internship at:  
Name of Hospital: \_\_\_\_\_  
City: \_\_\_\_\_, Louisiana.  
Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

By: \_\_\_\_\_

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